

POSITION	INITIALS	ID N.	DATE
FEE DETERMINATION	BAT	10385	
O.I.P.E. CLASSIFIER		621	
FORMALITY REVIEW	CM	71632	

## INDEX OF CLAIMS

✓ ..... Rejected N .....  
 = ..... Allowed I .....  
 - (Through numeral)... Canceled A .....  
 ÷ ..... Restricted O .....

Claim	Final Original	Date
1	C	
2	✓	2/16/80
3	✓	7/20/80
4	✓	1/6/81
5	✓	1/4/82
6	✓	8/29/85
7	✓	
8	✓	
9	✓	
10	✓	
11	✓	
12	✓	
13	✓ / A ✓	
14	✓ / A ✓	
15	✓ / A ✓	
16	✓ / A ✓	
17	✓ / A ✓	
18	✓ / A ✓	
19	✓ / A ✓	
20	✓ / A ✓	
21	✓ / A ✓	
22	✓ / A -	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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